PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										
CLAIMS AS FILED PART I (Column 1) (Column 2)						SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY	
FOR NUMBER F			R FILED	NUMBE	R EXTRA	RATE	FEE		RATE	FEE
BASIC (37 CI	FEE FR 1.16(a))						<i>:34</i> 5	OR		<u>:740.9</u>
	L CLAIMS FR 1.16(c))		minus 20			x 25=		OR	x :50=	
	PENDENT CLAIM FR 1.16(b))	S	minus 3			x:100		OR	×:900	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+:180		OR	+,360			
* If the difference in column 1 is less than zero, enter *0* in column 2.						TOTAL		OR ·	TOTAL	
CLAIMS AS AMENDED - PART II										
	(1001-5				SMALL E	KITITY	OR	OTHER		
9	19114	CLAIMS	<u> </u>	(Column 2) HIGHEST	<u> </u>	[·		1		ADDI-
۲ ۶		REMAINING AFTER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	YIONAL FEE
AMENDMENT	Total G7 CFR 1.16(c))	AMENDMENT	Minus	"ÃÕ	=	× 265 =		OR	×.50	
읾	independent gr CFR 1.16(b))	- 4	Minus	4	=	× 1400		OR	x:200	
AME		ATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+:/80		OR	+.360	
	PROTTRECENT				·	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			<u> </u>		
B B		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
핗	Total (37 CFR 1.16(c))	AMENDMENT	Minus	**	= .	x. <u>25</u> .		OR	× 150	
AMENDMENT	independent (37 CFR 1.16(b))		Minus	***	=	× :100		OR	× 900	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+.180		OR	<u>035,</u> ₊	
FIRST PRESENTATION OF MOLTIFEE DEPENDENT GOVERN						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	•		_		<u>,</u>
S T		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	VINICIADINEIAI	Minus	**	=	x : 25 =		OR	× \$ <u>50</u> =	·
AMENDMENT	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	•	Minus	***	=	× : 100		OR	× : 200	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+:180		OR	+ 360	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10	79	119	_	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		THAN ENTITY	
TO	OTAL CLAIMS		6					RATE	FEE	٦ ^{¨¨}	RATE	FEE	
FC	DR .		NUMBER FILED		NUMBER EXTRA				EE 385.0	OR			
TC	TAL CHARGE	ABLE CLAIMS	<i>b</i> minus 20=		• /			X\$ 9=		OR	X\$18=		
INE	EPENDENT C	LAIMS	₩ minus 3 =		* /			X43=		OR	You	86	
MU	ILTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR		0	
* If the difference in column 1 is less than zero, enter "0" in column 2							l	TOTAL		OR		85%	
CLAIMS AS AMENDED - PART II								. •	·	_	OTHER		
	(Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONA . FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	***		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus			=		X43=		OR	X86=	·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	·	
		٠					L	TOTA		٦,,	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	n 2)	(Column 3)	. ^	DUI1. FE			ADDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAL FEE	
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	ENDENT	Ct Alla	-		X43=		OR	X86=		
1		ica Artion or line	CIT CL DEF	CHOCK	CLAM	<u> </u>	Γ	+145=		OR	+290=	·	
	•						<u></u>	TOTAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		_(Colum	n 2)	(Column 3)	,	DD11.1 E	•	- . '	ADDIT. FEE		
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	•			X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	T	X43=	1	OR	X86=		
	HINST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-		<u> </u>	1 1		——	
• If	the entry in colum	nn 1 is less than the	entry in colur	nn 2, write "	"O" in coi	ımn 3.	L	+145=	<u> </u>	OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
T	ne "Highest Num	ber Previously Paid	For" (Total or	independen	it) is the	highest number	found	d in the a	opropriate bo	x in colu	ımn 1.	•	